

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S89862

Entity Name: C.S. II, INC.

**FILED**  
**Mar 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1701 N WASHINGTON BLVD  
SARASOTA, FL 34234

**New Principal Place of Business:**

**Current Mailing Address:**

1701 N WASHINGTON BLVD  
SARASOTA, FL 34234

**New Mailing Address:**

FEI Number: 65-0296750

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPICUZZA, CARY A  
1701 N. WASHINGTON BLVD.  
SARASOTA, FL 34234 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: SP  
Name: SPICUZZA, CARY  
Address: 1695 HYDE PARK ST  
City-St-Zip: SARASOTA, FL 34239

Title: V  
Name: SPICUZZA, DEBORA  
Address: 1695 HYDE PARK ST  
City-St-Zip: SARASOTA, FL 34239

Title: V  
Name: GARGETT, ANNETTE  
Address: 1701 N WASHINGTON BLVD  
City-St-Zip: SARASOTA, FL 34234

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CARY SPICUZZA

P

03/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date